

109/83 KSC

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	3 minus 20 =	
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	o	Minus	oo	=
Indepandent	o	Minus	ooo	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY
TYPE ☐

RATE	FEE
BASIC FEE	
X\$ 9=	
X40=	
+135=	
TOTAL	

OTHER THAN
OR SMALL ENTITY

	RATE	FEE
OR	BASIC FEE	
OR	X\$18=	
OR	X80=	
OR	+270=	
OR	TOTAL	

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT FEE	

	RATE	ADDITIONAL FEE
OR	X\$18=	
OR	X\$80=	
OR	+270=	
OR	TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	0	Minus	00	=
Independent	0	Minus	000	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDITIONAL FEE	

OR	RATE	ADDITIONAL FEE
OR	X\$18=	
OR	X\$80=	
OR	+270=	
OR	TOTAL ADDITIONAL FEE	

AMENDMENT C	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	••	=
Independent	•	Minus	•••	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

	RATE	ADDITIONAL FEE
OR	X\$18=	
OR	X\$80=	
OR	+270=	
OR	TOTAL	ADDITIONAL FEE

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the Phone Number Previously Paid For IN THIS SPACE is less than 20, enter "20."

***If the High School Hunter Privilege Paid For IN THIS SPACE is less than 3, enter "3".

~~The following information is being provided to you by the Department of Health Services, State of California, pursuant to the provisions of the Freedom of Information Act, 5 U.S.C. § 552(b)(7)(D).~~